Application for Validation of Prior Learning

DALARNA UNIVERSITY

This application form applies to Dalarna University

Surname   First name   Application No

This application is for the following semester and year:

Autumn   Spring   Year

State the programme and eligibility requirements your Application for Validation of Prior Learning refers to:

Programme Code   Programme Name

Entry requirement for which I am applying for Validation of Prior Learning:

General Entry Requirement   Specific Entry Requirement

Please state which requirement or requirements:

Always attach supporting documentation and a personal letter to the application. If your application is for more than one application choice, please upload a separate form for each choice.

Have you previously applied for Validation of Prior Learning   Yes   No

In previous application, my application was approved   Yes   No

If yes, please state for which programme/course you were approved:

YYYY-MM-DD

Date   Signature

You must upload the form to your www.universityadmissions.se. If you are unable to upload the form, send it by regular post, including all attachments to: PostNord Strålfors AB, Att: Antagningsservice, R 312, 190 81 Rosersberg